County: Sawyer VALLEY HEALTH CARE CENTER 10775 NYMAN AVENUE HAYWARD 54843 HAYWARD 54843 Phone: (715) 634-2202
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 60
Total Licensed Bed Capacity (12/31/00): 60
Number of Residents on 12/31/00: Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: **59**

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	 %	Age Groups	% 	Less Than 1 Year 1 - 4 Years	36. 7 40. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	5. 0	More Than 4 Years	23. 3
Day Servi ces	No	Mental Illness (Org./Psy)	31. 7	65 - 74	8. 3		
Respite Care	Yes	Mental Illness (Other)	6. 7	75 - 84	35. 0		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	43. 3	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	8. 3	Full-Time Equivaler	
Congregate Meals	No	Cancer	6. 7			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No [Fractures	5 . 0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	1. 7	65 & 0ver	95. 0		
Transportation	Yes	Cerebrovascul ar	15. 0			RNs	9. 3
Referral Service	Yes	Di abetes	3. 3	Sex	%	LPNs	9. 4
Other Services	Yes	Respi ratory	3. 3			Nursing Assistants	
Provi de Day Programmi ng for		Other Medical Conditions	26 . 7	Male_	26. 7	Aides & Orderlies	38. 8
Mentally Ill	No [Female	73. 3		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
***********************	****	******************	*****	k*************	*******	************	******

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			0ther			Private Pay			Manageo	d Care	Percent	
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care		100 0	\$130.00	4	9. 3	\$99. 74	0	0. 0	\$0.00		0. 0	\$0.00	0	0. 0	\$0.00	10	16. 7%
Skilled Care	ő	0. 0		38	88. 4	\$86. 87	ŏ	0. 0	\$0.00 \$0.00	11		\$122.50	ő	0. 0	\$0.00	49	81. 7%
Intermediate				1	2. 3	\$74.00	Ŏ	0. 0	\$0.00	0	0. 0	\$0.00	Õ	0. 0	\$0.00	ĺ	1. 7%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100.0		43	100. 0		0	0.0		11	100.0		0	0.0		60	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti	ons, Services	, and Activities as of	12/31/00
beachs builing kepoleting lellou]		%	Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	7. 5	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	20. 0	Bathi ng	0.0		45 . 0	55. 0	60
Other Nursing Homes	10.0	Dressi ng	8. 3		45 . 0	46. 7	60
Acute Care Hospitals	62. 5	Transferring	21. 7		31. 7	46. 7	60
Psych. HospMR/DD Facilities	0.0	Toilet Use	21. 7		31. 7	46. 7	60
Reĥabilitation Hospitals	0. 0	Eating	55. 0		33. 3	11. 7	60
Other Locations	0.0	***************	******	*****	******	********	******
Total Number of Admissions	40	Continence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Externa		1. 7		Respiratory Care	8. 3
Private Home/No Home Health	2. 6	Occ/Freq. Incontinent		91. 7		Tracheostomy Care	1. 7
Private Home/With Home Health	28. 2	Occ/Freq. Incontinent	of Bowel	48. 3	Recei vi ng		3. 3
Other Nursing Homes	2. 6					Ostomy Care	0. 0
Acute Care Hospitals	7. 7	Mobility				Tube Feeding	5. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained		5 . 0	Recei vi ng	Mechanically Altered Die	ets 28.3
Reĥabilitation Hospitals	0.0						
Other Locations	2.6	Skin Care				nt Characteristics	
Deaths	56 . 4	With Pressure Sores		5. 0		ce Directives	66. 7
Total Number of Discharges		With Rashes		1. 7	Medi cati ons		
(Including Deaths)	39				Recei vi ng	Psychoactive Drugs	68. 3

	Ownershi p:		Bed	Si ze:		ensure:			
	Thi s	This Proprietary		50- 99		Skilled		Al l	
	Facility	Peer Group		Peer		Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98. 3	80. 4	1. 22	85. 4	1. 15	84. 1	1. 17	84. 5	1. 16
Current Residents from In-County	83. 3	74. 2	1. 12	72. 9	1. 14	76. 2	1. 09	77. 5	1.08
Admissions from In-County, Still Residing	52 . 5	19. 0	2. 76	21. 3	2.46	22. 2	2. 36	21. 5	2.44
Admi ssi ons/Average Daily Census	67. 8	135. 3	0. 50	101. 3	0. 67	112. 3	0. 60	124. 3	0. 55
Discharges/Average Daily Census	66. 1	137. 7	0. 48	101. 3	0. 65	112. 8	0. 59	126. 1	0. 52
Discharges To Private Residence/Average Daily Census	20. 3	57. 0	0. 36	37. 6	0. 54	44. 1	0.46	49. 9	0.41
Residents Receiving Skilled Care	98. 3	89. 4	1. 10	89. 6	1. 10	89. 6	1. 10	83. 3	1. 18
Residents Aged 65 and Older	95. 0	95. 9	0. 99	93. 4	1.02	94. 3	1. 01	87. 7	1.08
Title 19 (Medicaid) Funded Residents	71. 7	71.6	1.00	69. 0	1.04	70. 1	1. 02	69. 0	1.04
Private Pay Funded Residents	18. 3	19. 0	0. 97	23. 2	0. 79	21. 4	0. 86	22. 6	0.81
Developmentally Disabled Residents	0. 0	1. 2	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00
Mentally III Résidents	38. 3	35. 9	1.07	41.5	0. 92	39. 6	0. 97	33. 3	1. 15
General Medical Service Residents	26. 7	18. 2	1. 46	15. 4	1.74	17. 0	1. 57	18. 4	1.45
Impaired ADL (Mean)	60. 7	47. 3	1. 28	47. 7	1. 27	48. 2	1. 26	49. 4	1. 23
Psychological Problems	68. 3	45.0	1. 52	51. 3	1. 33	50.8	1. 34	50. 1	1. 36
Nursing Care Required (Mean)	6. 7	6. 7	0. 99	6. 9	0. 96	6. 7	0. 99	7. 2	0.93